

REQUEST FOR COPIES

Please fill out this form to obtain a copy of a law enforcement report. There is a minimum charge of \$2.00 to provide the search, and up to four (4) pages, additional pages are \$.50 each. \$2.00 needs to be included with this form. If there are additional fees you will be advised. **If the requested report is considered confidential in nature it requires a different type of request, procedure, cost and longer waiting period. If you are not sure please ask Records Personnel.**

ONLY COMPLAINANT/VICTIM OR AN AUTHORIZED REPRESENTATIVE IS ENTITLED TO RECEIVE COPIES. REPRESENTATIVE MUST INCLUDE COPY OF SIGNED WAIVER OF RELEASE FROM YOUR CLIENT.

TODAY'S DATE: _____ NAME: _____

RELATIONSHIP (VICTIM/COMPLAINANT, INSURANCE AGENT, ATTORNEY, ETC.): _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

INCIDENT: (check one) **CASE NUMBER** _____

_____ Accident

_____ Damaged property

_____ Theft

_____ Other (Explain) _____

REPORT MADE TO:

_____ Gallatin County Sheriff's Office

Deputy: _____

_____ Bozeman City Police Department

Officer: _____

REPORTED BY: _____

DATE REPORTED: _____

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

PERSONS INVOLVED: _____

HAVE YOU APPEARED BEFORE A JUDGE REGARDING THIS INCIDENT OR OFFENSE: _____ YES _____ NO

Check One: _____ Please mail to address above _____ Please call when ready, I will pick up

Records Custodian: _____ **Release Date:** _____